

Coil Embolization Localization for Small Bowel Hemorrhage

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Background: Occult GI bleeding is a rare but significant problem which presents significant diagnostic difficulty. Currently, the most common treatment algorithm employs advanced endoscopic approaches or large open surgical approaches. Endovascular approaches have been previously discouraged because of the risk for recurrent bleeding and infarct. However, open and endoscopic approaches are often limited, with difficulty finding the source of hemorrhage. Furthermore these approaches are often quite invasive. As such, more minimally invasive approach is desired.

Objectives: We aim to discuss our recent experience with occult gastrointestinal bleeding from a small bowel source. Furthermore, we aim to discuss our review of the relevant literature, and suggest our proposed changes to the current treatment algorithm for occult GI bleeding.

Materials and Methods: Two patients were seen and treated for an occult GI bleed with suspected small bowel source. The patient first underwent evaluation by interventional radiology with endovascular coil embolization. A combination of laparoscopy and intraoperative fluoroscopy were used to identify and resect the affected bowel.

Results: Both involved patients recovered appropriately from operative intervention with resolution of hemorrhage and without complications from this approach.

Conclusions: Endovascular coil angioembolization, in combination with subsequent operative intervention, appears to represent a viable approach to occult gastrointestinal hemorrhage. Given the ease of this intervention and the growing availability of such procedures, this two-step approach should be considered in the treatment algorithm of these challenging cases.